#### APPROVAL OF CONSENT AGENDA

## TOWN OF DAVIE TOWN COUNCIL AGENDA REPORT

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Herb Hyman/1016

**PREPARED BY:** Herb Hyman

**SUBJECT:** Resolution

AFFECTED DISTRICT: All

ITEM REQUEST: Schedule for Council Meeting

TITLE OF AGENDA ITEM: BID - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF SUNSHINE AFTER SCHOOL CHILD CARE, INC. TO OPERATE THE TOWN'S SUMMER CAMP AND AFTER SCHOOL CHILD CARE PROGRAMS AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

**REPORT IN BRIEF:** The Town solicited competitive sealed proposals to operate the Town's summer camp and after school child care programs. RFP documents were sent to nine (9) prospective respondents. Additionally, the solicitation was advertised statewide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's website. The Town received two (2) responses All proposals are available for viewing in the Purchasing Division. The selection committee short listed both firms to make an oral presentation. Following the oral presentations, the selection committee ranked the firms in order of preference. The selection committee ranked the firm of Sunshine After School Child Care, Inc. as the firm best qualified to supply the required services. Upon approval of this resolution, the negotiation team will begin negotiating a contract with the selected firm and present that agreement for approval at a future meeting date.

PREVIOUS ACTIONS: n/a

**CONCURRENCES:** The selection committee ranked Sunshine After School Child Care, Inc. as the firm best qualified to provide the required services.

FISCAL IMPACT: Yes

Has request been budgeted? n/a

If yes, expected cost: n/a

Account name and number: Revenue to the Town

Additional Comments: This will result in revenue to the Town

**RECOMMENDATION(S):** Motion to approve resolution

**Attachment(s):** Procurement Authorization, Selection Committee Rankings, Incorporation Information

RESOLUTION NO.	
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A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF SUNSHINE AFTER SCHOOL CHILD CARE, INC. TO OPERATE THE TOWN'S SUMMER CAMP AND AFTER SCHOOL CARE PROGRAMS AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals to operate the Town's summer camp and after school care programs; and

WHEREAS, the selection committee has selected Sunshine After School Child Care, Inc. as the firm best qualified to provide the required services; and

WHEREAS, it is in the Town's best interest to execute a contract for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of Sunshine After School Child Care, Inc. as the firm best qualified to provide the required services and authorizes the Town Administrator or his designee to negotiate an agreement for such services and present that contract for approval at a future meeting date. Should no agreement be reached with the highest ranking firm, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

<u>SECTION 2</u>. This resolution shall take effect immediately upon its passage and adoption.

PASSED	AND	ADOPTED	THIS		DAY	OF
		, 2010				
				MAYOR/COU	JNCILMEMI	BER
Attest:						
TOWN CL	ERK					
APPROVE	D THIS _	DAY	OF		, 2	010

# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER.	BUDGET ITEM	A & DESCRIPTION	
001-0825-341-1142			Revenue to Town
RFP FOR SUMMER OFF DAYS, WINTER	CAMP, AFTE BREAK ANI	R SCHOOL, EA O SPRING BRE	ARLY RELEASE DAYS, SCHOOL EAK PROGRAM SERVICE
METHOD OF PROCURE	MENT (check the	one that applies)	
Open Competitive Bid Piggyback on Contract Sole Source X Request For Proposa	ot Number		
SPECIFICATIONS & LIST	OF VENDORS	MUST BE ATTAC	HED (
		Signed	
			Department Head
		Have Funds	been Reserved MA THE TOW
		Date	
		Signed	Harry Shimmer
			Town Administrator
VEND		BIDS SUBMITTE	COST
SUNSHING AFTE	ca Carry	CHILD CARE	0. 15
AFTER SCHOOL	PROGRAMS	INC.	PANKED 2000
			· · · · · · · · · · · · · · · · · · ·
	**************************************		
-			
		Signed_	Procurement Manager
**	•		
BID	SPECIFICATIO	N COMMITTEE'S	RECOMMENDATION
SUNSHINS DE	Mr. Callan	000 - 000	Cost Par V ST

20	19	18	17	16	<del>1</del> 5	14	13	12	11	ō	9	œ	7	6	5	4	3	2	1	
	RANKING		TOTAL		H. HYMAN	D. ANDRESKY	в. нітснсоск	L. NGUYEN	11 M. DHZ D. 0 YL SIC	10 R. MUNIZ	W. ACKERMAN			COMMITTEE MEMBER						A
	187		6		<u> </u>	<i>J</i>		P BSE	4	•	159 V		CHILD CARE	SUNSHINE			SUMMER CAMPS &			В
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## (Rev. November 2005) Denorment of the Treasury

#### Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS,

Je 2.	Name (as shown on your income tax return) SUNSMINE After School Child CARE INC.					
Ĕ	Businoss name, il different from above					
5		A				
r type ictions	Check appropriate box: Individual/ Corporation Partnership Other I	NOW: ROLL.   Exempt from backup withholding				
Print or type See Specific Instructions on page	Address (number, street, and apt. or suite no.) 7100 (2125 KOUL # 8 200	Requester's name and address (optional)				
pecifi	City state, and ZIP code Plantation, FL 35324					
See 5	List account number(s) here (optional)	· · · · · · · · · · · · · · · · · · ·				
Part	Taxpayer Identification Number (TIN)					
backuj alien, s your e Note.	your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to p withholding. For individuals, this is your social security number (SSN). However, for a resole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entity imployer identification number (EIN). If you do not have a number, see How to get a TIN or If the account is in more than one name, see the chart on page 4 for guidelines on whose ar to enter.	sident les, it is n page 3.				
Part	II Certification	7 7 0 1 0 1 0 1 0 1 0 1				
Under	penalties of perjury, I certify that:					
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting	g for a number to be issued to me); and				
<ol> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</li> </ol>						
3. la	m a U.S. person (including a U.S. resident alien).					
withho For mo arrange	cation instructions. You must cross out Item 2 above if you have been notified by the IR Iding because you have failed to report all interest and dividends on your tax return. For represent property, cancellation of determinent of secured property, cancellation of determinent (IRA), and generally, payments other than interest and dividends, you are not require your correct TIN. (See the instructions on page 4.)	real estate transactions, item 2 does not apply.  at, contributions to an individual retirement				
Sign	Signature of A . A	1 1 -				

States.

#### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mongage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or husiness is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- · Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

(145)

## Town of Davie Vendor/Bidder Disclosure

Town of Davie ("Town") are as follows (Post Off	Synshine After School Child Cane, In
Name of Individual, Firm, or Organization:	1 0
Address:	7900 Peters Road # B200 Plantation PL 33424
	to paralle
FEIN	03-07/8444
State and date of incorporation	Florida 1/24/1999
OWNERSHIP DISCLOSURE AFFIDAVI	r <b>T</b>

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Na	me Add	ress	Ownership	سلور
Janue Doughty	7900 Peters RD# 2	<u> Baoo, Plantegha</u>	1 PL 33324 Bourdati	F\$%
Craig Doughty				<u>0</u> %
Howard Douglet			of Director	<u>Ø</u> %
GARY Chin				<u>0</u> %
Local Merino				0 %
			oad of Director	0%
	. 1			

\* Please mote that Sunshine After School Child Ca Ting is a not FOR PROPERTY Corporation (50163) and More fore has No Shinesholder Continers.

<ol> <li>The full legal names and business addresses subcontractors, materialmen, suppliers, laborer any legal, equitable, or beneficial interest in the Town are as follows (Post Office addresses are</li> </ol>	e contract or business transaction with the
Full Legal Name Addre	ess
By: Signature of Affiant  Signature of Affiant  Janice Doughty  Print Name  SUBSCRIBED AND SWORN TO or affirm  Feb 2000, by Janice  personally known to me or has presented  identification.	ed before me this 19 day of Doughty, he/she is
Comm# DD0828350 Expires 10/12/2012 Florida Notary Assn., Inc	Notary Public, State of Florida at Large  Tanya Stubble field  Print or Stamp of Notary  DD 0828350  Serial Number  My Commission Expires: 10/12/2012

2. The full legal names and business addresses of any other individual (other than

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## **Detail by Entity Name**

#### Florida Non Profit Corporation

SUNSHINE AFTER SCHOOL CHILD CARE, INC.

#### Filing Information

Document Number N99000006920

**FEI/EIN Number** 

650978444

**Date Filed** 

11/24/1999

State

FL

Status

ACTIVE

Last Event

AMENDED AND RESTATED ARTICLES

**Event Date Filed** 

11/28/2007

**Event Effective Date NONE** 

#### Principal Address

7900 PETERS ROAD

SUITE B200

PLANTATION FL 33324 US

Changed 01/30/2009

#### **Mailing Address**

7900 PETERS ROAD

SUITE B200

PLANTATION FL 33324 US

Changed 01/30/2009

### Registered Agent Name & Address

BOWER, TANYA L 110 SE 6TH STREET

15TH FLOOR

FORT LAUDERDALE FL 33301 US

Name Changed: 11/28/2007

Address Changed: 11/28/2007

#### Officer/Director Detail

#### Name & Address

Title PCED

DOUGHTY, JANICE

7900 PETERS ROAD SUITE B200

PLANTATION FL 33324

Title VPD

DOUGHTY, CRAIG 7900 PETERS ROAD SUITE B200 PLANTATION FL 33324

Title TD

DOUGHTY, HOWARD 7900 PETERS ROAD SUITE B200 PLANTATION FL 33324

#### **Annual Reports**

Report Year Filed Date

2007

02/16/2007

2008

01/18/2008

2009

01/30/2009

#### **Document Images**

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<u>04/09/2001 -- ANNUAL REPORT</u> 05/03/2000 -- ANNUAL REPORT

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11/24/1999 -- Domestic Non-Profit

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